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Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 3380

SERIAL NUMBER 09/739,357	FILING DATE 12/19/2000 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 10003506	
APPLICANTS Craig S. Aman, Seattle, WA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/03/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 11	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
ADDRESS 24737					
TITLE Web enabled medical device training					
FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 3380

SERIAL NUMBER 09/739,357	FILING DATE 12/19/2000 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 10003506	
APPLICANTS Craig S. Aman, Seattle, WA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/03/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 11	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
ADDRESS 022878					
TITLE Web enabled medical device training					
FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		